



REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/714,683
Filing Date	November 15, 2000
First Named Inventor	Steve Guttman
Examiner	James H. Backwell
Group Unit	2126
Attorney Docket Number	22233-05481

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above-identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.

The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

Firm or Individual Name	Christine H. Smith IBM Corporation				
Address	Intellectual Property Law Dept.				
Address	555 Bailey Avenue, J46/G476				
City	San Jose	State	CA	Zip	95141
Country	USA				
Telephone	(408) 463-5671	Fax	(408) 463-4827		

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 758

on whose behalf I have signed this request and on whose behalf I am authorized to sign. The request is enclosed in triplicate (including any attachments).

Name	Laura A. Majerus
Signature	<i>Laura Majerus</i>
Date	July 22, 2004

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.



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+ IFW

TRANSMITTAL FORM <i>(to be used for all correspondence during pendency of filed application)</i>	U.S. Department of Commerce Patent and Trademark Office	Application Number	09/714,683	
		Filing Date	November 15, 2000	
		First Named Inventor	Steve Guttman	
		Examiner	James H. Backwell	
		Group Unit	2126	
Total Number of Pages in This Submission		4	Attorney Docket Number	22233-05481

ENCLOSURES (check all that apply)	
<input type="checkbox"/> Fee Transmittal Form (in duplicate) <input type="checkbox"/> Check Enclosed	<input type="checkbox"/> Issue Fee Transmittal
<input checked="" type="checkbox"/> Return Receipt Postcard	<input type="checkbox"/> Letter to Chief Draftsperson
<input type="checkbox"/> Response to Notice to File Missing Parts	<input type="checkbox"/> Formal Drawing(s): [] Sheet(s) of Figure(s) []
<input type="checkbox"/> Assignment & Recordation Cover Sheet	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Declaration	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Power of Attorney	<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Application Data Sheet	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Information Disclosure Statement & PTO/SB/08A <input type="checkbox"/> Copies of IDS Cited References	<input checked="" type="checkbox"/> Request for Withdrawal as Attorney or Agent (in triplicate)
<input type="checkbox"/> Request for Corrected Filing Receipt	<input type="checkbox"/> _____
<input type="checkbox"/> Request for Correction of Recorded Assignment	<input type="checkbox"/> _____
<input type="checkbox"/> Amendment/Response: [] Page(s) <input type="checkbox"/> After Final	<input type="checkbox"/> _____
<input type="checkbox"/> Status Request	<input type="checkbox"/> _____
<input type="checkbox"/> Revocation and Substitute Power of Attorney	<input type="checkbox"/> _____
REMARKS:	

SIGNATURE OF ATTORNEY OR AGENT			
Signature:	<i>Laura Majerus</i>		
Attorney/Reg. No.:	Laura A. Majerus, Reg. No. 33417	Dated:	July 22, 2004

CERTIFICATE OF MAILING			
I hereby certify that this correspondence, including the enclosures identified above, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. If the Express Mail Mailing Number is filled in below, then this correspondence is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service pursuant to 37 CFR 1.10.			
Signature:	<i>Laura Majerus</i>		
Typed or Printed Name:	Laura A. Majerus	Dated:	July 22, 2004
Express Mail Mailing Number (optional):			